

## West Virginia Tel-Assistance/Lifeline Application (NOT FOR USE FOR TRIBAL LIFLINE OR LINKUP)

| Name: (Please print)  | Last   | First   |  | Middle   |  |
|---|--|---|--|--|--|
| Address: (No P.O. Boxes)  | Street   | City  | ·  | State  | Zip  |
| Billing address: (if different th   | an above) Street   | City  | <i>y</i>   | State  | Zip  |
| Is this address  Permanent  | Temporary   Multi-Household  | Number of people in your h  | ousehold   | DHHR Case #.   |  |
| Tel. # (MUST be in your name)   | (  | Tel. # where you ca   | n be reached (   | )  |  |
| statement, notice, letter or other  Temporary Assistance Federal Public Housi National School Lum Supplemental Nutrition  1 | ch Program's free lunch program on Assistance Program (SNAP)  programs listed in #1 above but m \$20,426.00 for a 2 persons, \$25,772 a copy of your most recent: federal or ment, Veteran's Administration beneficially decreased and the program of th | Mediangle Supp Low Othe  y household income is at o .00 for 3 persons, and \$5,3 or state tax return, income staffit statement, retirement/perward, or other legal document of the statement of the legal document of the legal document of the legal document.  In the legal document of the legal d | caid elemental Security Income Home Energy r income Home Energy r income-related Fede r below 135% of Fed 46.00 for each addition attement or W-2 from asion benefits statement that would show tot all here:  Ty knowledge and I ack unishable by law, may be the same at or below 1356 ce. Frontier has explain as rules and will result in ceives a Lifeline-suppo er at the same address a termy service to any ind as requirement and that or state program, or if me riteria for receiving Life twe is a temporary addre thin 30 days, my Lifeli or my continued eligibili required by law for the f birth, social security r curity number, and add ot receive more than or idy, all carriers involve | idinals will not ome (SSI) by Assistance Program and State program and person. For we an employer, 3 monometrical current income. In ownedge that Lifelin lead to fines, imprison the one-per house of | m (LIHEAP)  n (LIHEAP)  n elines of \$15,080.00  erification, please  ths of pay stubs,  Workmen's  NOTE: DO NOT  ne is a federal  nment, de-  erty Guidelines  shold requirement. I  n the Lifeline  y other landline or  expenses. y other eligible low-  enalties if I fail to  income exceeds the  I must verify my  rminated.  uil to do so within  ng with the Lifeline  phone number.  to the Universal |
| I am an "Authorized Representat   | ive" for this applicant and am submitti  |   |  |  | it in seeking telephone  |
| Service discounts   | ve" Name Signature (Authorized Re  | n) Daytime Pho  | na Number Data   |  |  |
| Print "Authorized Representati  |  |   |  | 0 (00 0010   |  |
|   | Mail to: Frontier Lifeline P.O. Box 4 If you have any questions, plea  |   |  |  |  |

OFFICE USE ONLY: Company Rep LANID \_\_\_\_\_\_ Date\_\_\_\_\_ Documentation Verified \_\_\_\_\_